



Maine Center for Disease  
Control and Prevention

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

<b>GENERAL INFORMATION</b>		Town of <u>LANOINE</u>
Property Owner's Name:	<u>JOANNA SANDS</u>	Tel. No.: <u>(781) 985-4470</u>
System's Location:	<u>15 CLAMSHELL ALLEY</u>	
Property Owner's Address:	<u>54 LOVELL STREET - WEYMOUTH, MA</u>	Zip Code <u>02191</u>
e-mail address:		

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>SYSTEM TO OWNER'S DRILLED WELL</u> <u>8'1"</u>	<u>TABLE 8-A</u>
2. <u>TANK TO HOUSE</u> <u>5'</u>	<u>TABLE 8-A</u>
3. <u>TANK TO PROPERTY LINE</u> <u>5'</u>	<u>TABLE 8-A</u>
<b>SITE EVALUATOR</b> <u>WATER TIGHT TANK TO OWNERS WELL</u> <u>40'</u>	<u>TABLE 8-A</u>

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

SMALL LOT. VARIANCE REQUESTS ARE MINIMIZED.

1. <u>William A. LaBelle Jr</u> , S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.
<u>W.A. LaBelle Jr</u> #319 <u>7-17-19</u>
SIGNATURE OF SITE EVALUATOR DATE

<b>PROPERTY OWNER</b>
1. <u>JOANNA SANDS</u> am the <input type="checkbox"/> owner <input type="checkbox"/> agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.
<u>Joanna Sands</u> <u>7-26-19</u>
<input checked="" type="checkbox"/> SIGNATURE OF OWNER <input type="checkbox"/> AGENT FOR THE OWNER DATE

LAMOINE

15 CLAM SHELL ALLEY

JOANNA SANDS

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Rebecca Albright, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) approve the requested variance. I ☒ will ☐ will not issue a permit for the system's installation as proposed by the application.

Rebecca Albright  
LPI Signature

7/30/2019  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, Rebecca Albright, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

Rebecca Albright  
LPI Signature

7/30/2019  
Date

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_  
SIGNATURE OF THE DEPARTMENT

\_\_\_\_\_  
DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT  
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Div. Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	LAMOLINE	Town/City	Lamoline Permit # 1966
Street or Road	CLAM SHELL ALLEY	Date Permit Issued	7.30.19 Fee \$ 285 Double Fee Charged ( )
Subdivision, Lot #	#15	Local Plumbing Inspector Signature	Rebecca O'Brien L.P.I. # 394
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$ 285 state min. fee \$ Locally adopted fee	
Name (last, first, MI)	SANDS, JOANNA	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State	
Mailing Address of	54 LOVELL STREET	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	WEYMOUTH, MA 02191		
Daytime Tel. #	(781) 985-4470	Municipal Tax Map # 13 Lot # 34	
email address:			
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant <i>Joanna Sands</i> Date 7-26-19		(1st Date Approved)	
		Local Plumbing Inspector Signature (2nd Date Approved)	

<b>PERMIT INFORMATION</b>			
<b>TYPE OF APPLICATION</b>		<b>THIS APPLICATION REQUIRES</b>	
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>TRENCH</u> Year Installed: <u>PRE 1974</u> <input checked="" type="checkbox"/> 3. Expanded System <u>ONE BEDRM.</u> <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion		<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	
<b>SIZE OF PROPERTY</b>		<b>DISPOSAL SYSTEM TO SERVE</b>	
<u>0.37</u> sq. ft. <input type="checkbox"/> <u>0.37</u> acres <input checked="" type="checkbox"/> <b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <u>      </u> <input type="checkbox"/> 3. Other: (SPECIFY) <u>      </u>	
		Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	
		<b>DISPOSAL SYSTEM COMPONENT(S)</b>	
		<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: <u>      </u> <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, <u>      </u> gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: <u>      </u> <input type="checkbox"/> 12. Miscellaneous components	
		<b>TYPE OF WATER SUPPLY</b>	
		<input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Existing <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: <u>      </u>	

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b>		<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	
<input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> c. with lift station <input type="checkbox"/> d. water tight <input type="checkbox"/> e. two compartment <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: <u>      </u> CAPACITY <u>1000</u> gallons		<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>10 END</u> <u>FEED CONCRETE CHAMBERS</u> <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: <u>      </u> SIZE <u>900</u> sq. ft. <input type="checkbox"/> lin. ft.	
<b>SOIL DATA &amp; DESIGN CLASS</b>		<b>GARBAGE DISPOSAL UNIT</b>	
PROFILE <u>4/3.1 C</u> CONDITION <u>      </u> at Observation Hole # <u>1</u> Depth <u>26"</u> OF MOST LIMITING SOIL FACTOR <u>      </u>		<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. <u>      </u> Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	
		<b>EFFLUENT/EJECTOR PUMP</b>	
		<input checked="" type="checkbox"/> 1. Not Required, RAISE PIPE <input type="checkbox"/> 2. May be Required FROM <u>HOUSE</u> <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: <u>      </u> gallons	
		<b>DESIGN FLOW</b>	
		<u>270</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities	
		<b>3. Section 4G (meter readings)</b>	
		ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44° 27' 11.5" N</u> Lon. <u>68° 17' 22.6" W</u> If g.p.s., state margin of error: <u>30 ft</u>	

<b>SITE EVALUATOR STATEMENT</b>			
I certify that on <u>7-11-19</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
Site Evaluator Signature	319	7-17-19	
WILLIAM A. LaBELLE, JR.	SE#	Date	
Site Evaluator Name Printed	(207) 537-5900	labelleseptic@rivah.net	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.	Telephone Number	E-mail Address	Page 1 of 3
			HHE-200 Rev. 12/2018

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Division of Environmental Health, 11 BHS  
(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation  
**LAMOINE**

Street, Road, Subdivision  
**CLAM SHELL ALLEY**

Owner or Applicant Name  
**JOANNA SANDS**

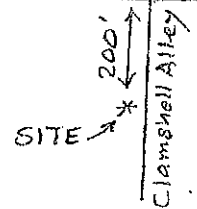
**SITE PLAN**

Scale 1" = 30 Ft.

(SEE ATTACHED SITE PLAN)

**SITE LOCATION PLAN**  
(Attach map from Maine Atlas  
for First Time System Variance)

Lamoine Beach Road



NOTE: EXISTING HOUSE HAS 2 BEDROOMS.  
PROPOSE TO ADD 1 BEDROOM; MAKING IT  
A 3 BEDROOM HOUSE = MINOR EXPANSION  
OUTSIDE THE SHORELAND ZONE. (SEE  
SECTION 9-C-1-9).

## SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #1 ☒ Test Pit ☐ Boring  
0 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
SANDY		DARK BROWN (10YR2.3/3)	
LOAM		DARK YELLOWISH BROWN (10YR3/6)	
TO FRIABLE			
LOAMY		OLIVE BROWN	N.E.
GRAVELLY	FIRM IN PLACE	(2.5Y4/4)	
SAND			

Soil Profile 4/3 Classification C Slope 0 % Limiting Factor 26 " Depth ☐ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring  
0 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
SANDY		DARK BROWN (10YR2.3/3)	
LOAM			
TO FRIABLE		DARK	
LOAMY		YELLOWISH BROWN	N.E.
GRAVELLY	FIRM IN PLACE	(10YR4/4)	
SAND			

Soil Profile 4/3 Classification C Slope 0 % Limiting Factor 26 " Depth ☐ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator's Signature

319  
S. E. #

7-17-19  
Date





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Town, City, Plantation  
**LAMOINE**

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Owner or Applicant Name  
**JOANNE SANDS**

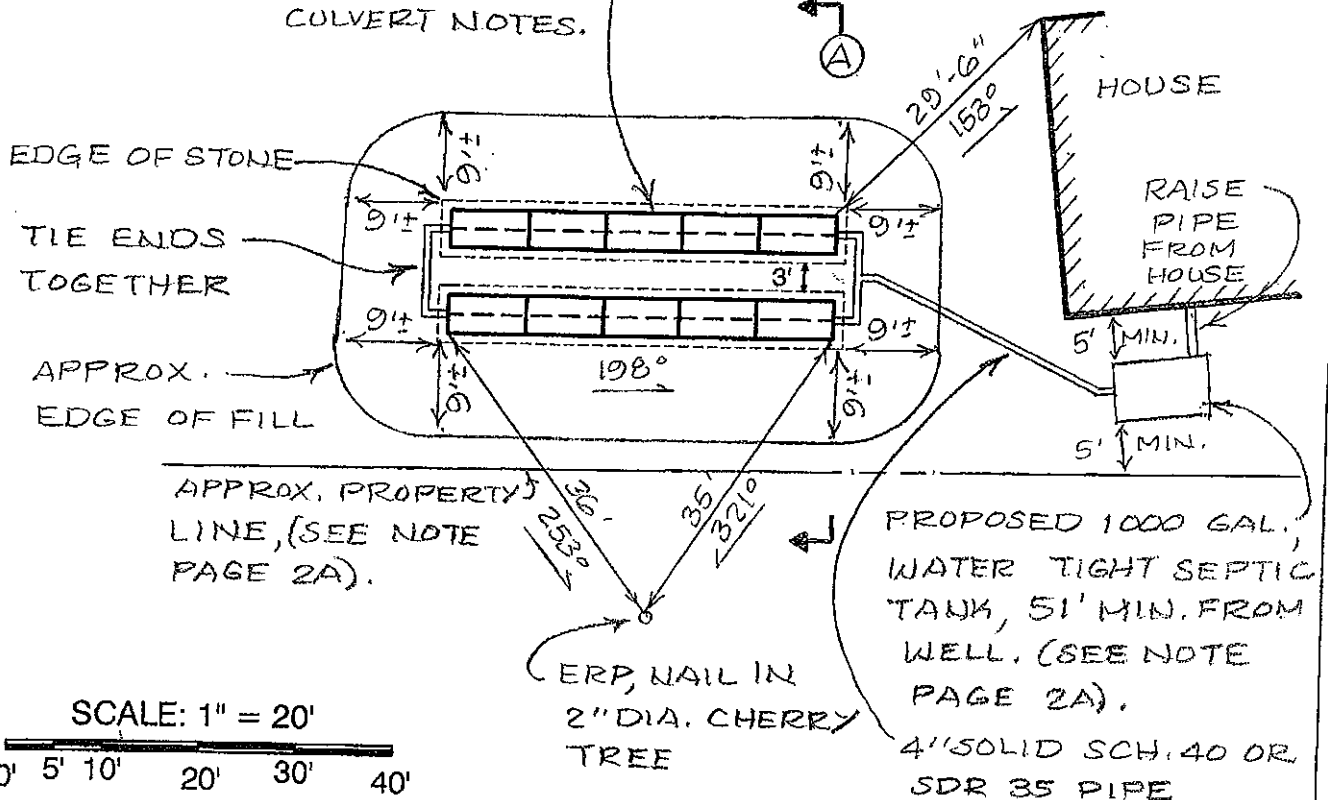
MAGNETIC  
NORTH

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

NOTE: SEE ALL  
NOTES PAGE 2A,  
INCLUDING  
CONTRACTOR AND  
CULVERT NOTES.

PROPOSED 10-4'x8' END FEED  
CHAMBERS PLACED IN 2 ROWS  
OF 5 SEPARATED BY 5'. FOUR  
CORNERS ARE STAKED OUT.



SCALE: 1" = 20'  
0' 5' 10' 20' 30' 40'

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT	
Depth of Backfill (Upslope)	18"	Finished Grade Elevation	CROWN - 35"			Location & Description	NAIL 60"
Depth of Backfill (Downslope)	18"	Top of Distribution Pipe or Proprietary Device	-47"		N/A		ABOVE GROUND IN A
Depths @ cross-section shown below or on Xsec. detail.		Bottom of Disposal Field	-60"				2" DIA. CHERRY TREE
						Reference Elevation is:	0"

### NOTES:

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPWO588).
4. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers; (recommend extending risers to finish grade).

*Site Evaluator's Signature*

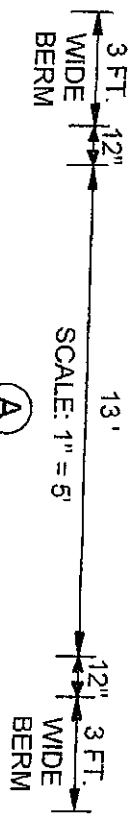
319

S.E. #

7-17-19

Date

# DISPOSAL AREA CROSS SECTION



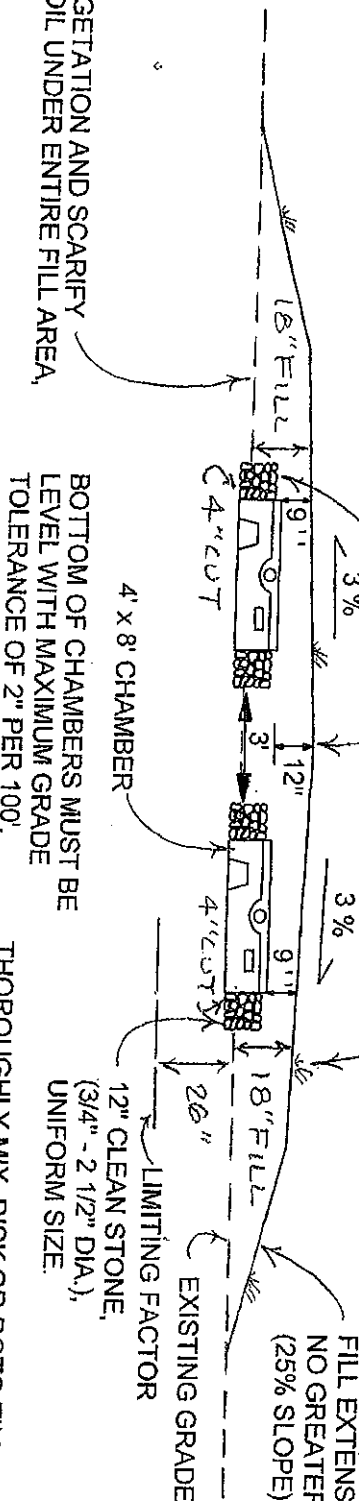
NOTE:  
GRADE UPSLOPE TO DIVERT  
SURFACE WATER AWAY FROM  
SYSTEM.

FILL MATERIAL SHALL BE 8"-12" THICK  
OVER CHAMBERS AND SHALL BE GRAVELLY  
COARSE SAND TO THE STANDARDS IN  
SEC. 11-E IN THE SUBSURFACE RULES.

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F  
RECOMMENDED OVER STONE AND CHAMBERS

TOP 4" OF FILL TO BE A GOOD LOAM  
SOIL MIX TO ESTABLISH A GOOD  
VEGETATIVE COVER, SEED  
AND MULCH TO PREVENT EROSION,  
SEC. 11-G.

FILL EXTENSIONS  
NO GREATER THAN 4:1,  
(25% SLOPE).



BOTTOM OF CHAMBERS MUST BE  
LEVEL WITH MAXIMUM GRADE  
TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL  
CLEAN, COARSE, SHARP SAND INTO  
TOP 6 INCHES OF ORIGINAL SOIL TO  
CREATE A TRANSITION ZONE, SEC. 11-B.

## NOTE:

SYSTEM MUST BE INSTALLED ACCORDING  
TO THE RULES AND PRACTICES SET FORTH  
IN THE MOST CURRENT VERSION OF THE  
STATE OF MAINE SUBSURFACE WASTEWATER  
DISPOSAL RULES. INSTALLATION CONTRACTOR  
MUST BE FAMILIAR WITH SAID RULES AND  
CONSTRUCT SYSTEM IN FULL COMPLIANCE  
WITH SECTION 11 OF SAID RULES.

ELEVATIONS:  
ELEV. REF. PT. (ERP): 0"  
FINISHED GRADE: -35" CROWN  
TOP OF CHAMBERS: -47"  
BOTTOM OF CHAMBERS: -60"

OWNER: JOHNNA SANDS  
LOCATION: LAMOINE

W.C. 2.4

DOC 17 WILLIAM A. LABELLE, JR.

319 S.E.#

DATE

7-17-19